



QUICK UPDATES

June 2002

Many, many thanks to all who contributed to this issue . . . a tremendous effort! There are 13 Quick Updates!!

1. Hazardous Drug Spills – We had an opportunity to review Hazardous Drug (HD) spills that have occurred in the Clinical Center. From this review, recommendations for changes in practice have been implemented. We thought you might want to know.

- ❑ Spills can occur because IVs disconnect. As a result, we should routinely tape all IV connections when an HD is infusing and remind our patients to check their connections regularly.
- ❑ Home Spill Kits are now available in CHS and should be sent home with patients who have a HD infusing.
- ❑ All patient care areas (nursing units, OR, Special Procedures) routinely administering HDs are to have personal protective equipment, chemotherapy buckets, and spill kits routinely stocked and available.
- ❑ Patient education has been reviewed, updated, and placed on the web.
 - “Handling Chemotherapy Drugs Safely at Home” http://www.cc.nih.gov/ccc/patient_education/pepubs/handchemo.pdf
 - Handling Sharps at Home” http://www.cc.nih.gov/ccc/patient_education/pepubs/safesharps.pdf
- ❑ If you do handle HDs, periodically review the Nursing Department's procedure for Safe Handling and Disposal of Cytotoxic Agents. Spills that are **≤ 5 mL (trace amount)** are handled by the registered nurse. The NIH Fire Department handles all HD spills > 5 mL. Call **911**.
- ❑ Lastly, we want to remind everyone to file an occurrence report anytime there is a HD spill. Reports should be entered under Environment Related Event → Spills → Hazardous Material. When filing report, indicate if the Fire Department was notified, the size of the spill, ie., trace amount (≤ 5 mL) or larger (> 5 mL), and factors that might have contributed to the spill.

2. MSDS . . . Do you know what an MSDS is and where to find it . . . a popular JCAHO survey question.

The MSDS describes the scientific and chemical trade names of a chemical product, its physical and chemical properties, health hazards, and recommendations for safe use, and emergency response procedures. OSHA mandates that the MSDS be readily accessible to all persons working with hazardous chemicals. Did you know . . .

- ❑ The Pharmacy Department maintains **MSDS for drug products** classified as hazardous and can be obtained from their home page (http://www.cc.nih.gov/phar/med_info.html). Excluded from the requirement are drugs in tablets or capsules form and used for direct administration to patients.
- ❑ Dept. of Laboratory Medicine maintains **MSDS for urine preservative** at http://www.cc.nih.gov/cp/about_lab_med/safety_data_sheets.html.
- ❑ Each patient care area should have a hard copy of the Clinical Center Hazard Communication Program. This book contains essential information on the CC Hazard Communication Program and hazardous chemicals routinely used in clinical areas. Contact Michele Evans if you do not have this book in your area.
- ❑ There is a CC Hazard Communication Policy http://www.cc.nih.gov/OD/admin_policy/s726.html.

3. Phlebotomy Specimen Collection Services . . . Inpatient Phlebotomy Services needs your help w/3 issues.

- ❑ The phlebotomist begins collecting morning specimens at 5 a.m. In order for the phlebotomist to draw the patient during routine morning rounds, please be sure **the nurse's worksheet is highlighted**. If the pts to be drawn are not highlighted on the worksheet, the phlebotomist is not to draw the patient during the routine morning rounds.
- ❑ Any communications related to the a.m. specimen collection should be written on the worksheet, i.e., set-up tubes, place heparin lock, save blood for One Touch II, etc.
- ❑ **On weekends and holidays, the Inpatient Phlebotomy Service is available from 5-8 a.m. only.** The phlebotomist will draw the initial a.m. specimen collection if it is highlighted on the nurse's worksheet. However, because of limited weekend and holiday hours, the phlebotomist cannot return to the units. **If the patient is not drawn on the initial visit, the nurse or doctor must draw the patient.**

View DLM's website for additional information regarding phlebotomy services (<http://www.cc.nih.gov/cp>).

4. **Refrigerated Meds . . .** Refrigerated medications must be stored between 2°-8° C continuously to maintain maximum potency. Currently, nurses monitor refrigerator thermometers daily but the thermometers are difficult to see at a glance and do not provide you with any signals that the refrigerator may be malfunctioning.

During the last week of June, Pharmacy will be replacing our current system with a new drug refrigerator temperature monitor. The new temperature monitor features an external digital display, continuously monitors drug storage temperatures, and alarms when the temperature is out of the recommended range. The temperature monitor is mounted on the outside of the refrigerator and displays the current temperature as well as the recommended range (**Figure 1**).

What's new for nursing in this process? Two things only . . .

- ❑ The process of checking the temperature is easier. Now you have a display that quickly tells you if the temperature is out of range. **Figure 2** gives a brief overview of the steps to follow if the temperature is out of range. A copy of these instructions will be posted on each medication refrigerator.
- ❑ If your refrigerator needs servicing, call Biomedical Engineering.

Figure 1. Monitor

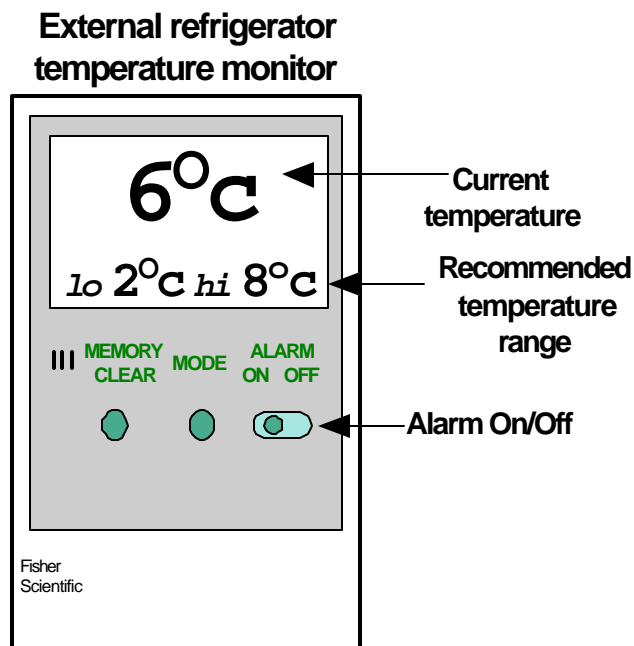


Figure 2. Alarm checklist

What do I do if..?

..temperature alarm is beeping?

- ☑ Turn off alarm
- ☑ Check temperature. If **not in recommended range** or display is blank, notify Biomedical Engineering 301-496-1311.
- ☑ Enter an "Environment/Equipment" occurrence report in the O.R.S. Include corrective action taken in report.
- ☑ Notify Pharmacy (301-496-1914). Also tell them:
 - Estimated time device has been alarming
 - Current temperature
 - What drugs are in refrigerator
- ☑ Send drugs to Pharmacy via escort or unit personnel. Send via tube or Mosler only if authorized by Pharmacy, - or -
- ☑ Put drugs in another drug refrigerator on unit, if available, (not a food refrigerator).

... temperature display is blinking?

- ☑ Call Pharmacy to report low battery

Be sure you can answer these questions . . . quiz each other!!

- ❑ How are medication refrigerator temperatures continuously monitored?
- ❑ How do you know when the temperature is out of the recommended range?
- ❑ What do you do when this happens?
- ❑ Where's the documentation of your action?
- ❑ What happens to the medications while the refrigerator is repaired/replaced?

5. **Kudos and Compliments . . .** Did you know that you could acknowledge your Clinical Center colleagues who have worked above and beyond? On "Walking Rounds," we learned that not everyone was aware of ORS' High Quality Service category. It's really easy. Enter the ORS as usual and select HIGH QUALITY SERVICE. Complete the required elements including a description of the good deed. We will be sure the person's supervisor receives this information. We have read some pretty amazing stories about the great work being done by our CC colleagues that might otherwise go unnoticed.

6. **ORS and Automatic Notification . . .** When you file an ORS, supervisors have the opportunity to review the described event and provide a response. When a response is recorded, the person who initiated the report is notified by email. If you have never received a "follow-up" response, it is possible that your ORS personal settings are not accurate or complete. You can easily review and update your ORS personal settings . . . it's really easy. Enter the ORS as usual (if you have trouble entering the ORS, please notify your direct supervisor as soon as possible). On the very 1st screen, click on the SETTING/UPDATE icon located on the far right of tool bar. Review the data elements that pop up and correct any incorrect information. If your email address is missing, be sure to include this.

7. We were asked recently "What is meant by **ENVIRONMENT OF CARE** . . . this nebulous term used to describe a set of JCAHO standards?" It's a great question!! The Environment of Care standards focus on how we ensure that our healthcare environment is safe for our patients, visitors, and workers. For example,

- ☐ How effective are our fire safety and emergency response programs?
- ☐ Do we have an effective program for preventing and reducing exposure to hazardous materials and waste?
- ☐ How do we ensure that our hospital equipment is in good working order?
- ☐ Are our utilities regularly maintained and do they function well under normal and adverse conditions?
- ☐ Is our physical space managed so that patients, visitors, and workers can move around safely?
- ☐ Does our environment protect the rights and dignity of our patients?

More to come on this!!!

8. **New Master Test Guide . . .** The Departments of Laboratory Medicine (DLM) and Transfusion Medicine (DTM) are pleased to announce the newly revised Master Test Guide, which went live on Wednesday, June 19, 2002. **New features include:**

- ☐ Simplified navigation
- ☐ "**Quicksearch**" for all laboratory tests including Microbiology
- ☐ Alphabetical listings of all laboratory tests with shortcuts to each test
- ☐ New pages for panel tests, serial tests, and tests by lab service
- ☐ Organized list of Historical Reference Ranges
- ☐ Advanced Search
- ☐ New area for lab announcements, to include test updates, methodology changes, reference changes

A few hints for using Quicksearch:

- ☐ 3 to 4 letters of a test name or test synonym should be sufficient to find the test
- ☐ Compound test names, (e.g. fatty acids) no longer require a plus (+) between keywords
- ☐ Microbiology tests can be searched by either source, e.g. blood, BAL, etc. or test type, e.g. anaerobe, fungal etc.
- ☐ **Quicksearch** is not case sensitive

For direct access to the new Test Guide visit <http://www.cc.nih.gov/cp> and select "Browse Test Guide." For access via the Clinical Center Standard Desktop, click the lab flask icon. Please direct email comments, questions and suggestions to Alba Murphy (amurphy@nih.gov).

9. **Diagnostic Radiology has a Web Site!!** We found a nifty website! Do you know about the **Diagnostic Radiology Department's (DRD) website** <http://www.cc.nih.gov/drd>? The site includes information about DRD protocols, researchers and teams, tools, technology and has a detailed Special Procedures section. You can locate procedure descriptions and requirements for preparation and follow up. This website will soon undergo major redesign. If you have suggestions for content you would like considered, e.g., imaging modalities and procedures such as CT, MRI, PET, or Nuclear Medicine, please email your suggestions to Sandra Jones, RN, MS (sjones@cc.nih.gov) or call (301) 496-7700 x285. Sandy said she would be sure you receive a response to your suggestions.

10. **A Gentle Reminder . . .** Materials Management staff (MMD) are having difficulty keeping filled oxygen tanks in stock. Here's how you can help.

- ☐ Return empty cylinders immediately. To get assistance with pick-up and delivery, please call Respiratory Therapy or MMD @ 6-3157. You can also fax your request to Michael Sandifer @ 2-0072 (fax number).
- ☐ Crash Carts should have only one (1) oxygen tank attached.
- ☐ Do not overstock or hide oxygen tanks.
- ☐ Also, be sure your oxygen tanks are stored in an upright position and safely nestled in a rolling caddy.

11. New MIS Retrieval Pathway . . . Have you ever wanted to simply retrieve patients' history of blood transfusion and communicable disease exposure? How 'bout assessments of Nutrition Risk and Falls Risk??? The Retrieval Pathway has been streamlined!!!! DCRI has created a retrieval screen from the **ADMIT, TRANSFER, DISCHARGE, HEALTH MAINTENANCE & EXPIRE NOTES**. The data is pulled from the admission history and can be easily located and reviewed.

MSG RETRIEVAL/CATEG	2D	4D	6D	ALL
ADMIT, TRANSFER, DISCHARGE & EXPIRE NOTES	00	00	00	00
BLOOD TRANSFUSION HX	00	00	00	00
COMMUNICABLE DISEASE	00	00	00	00
NUTRITION RISK	00	00	00	00
FALLS RISK	00	00	00	00

ERR	TYPE	MASTER RETRIEVE	REVIEW TIME-SCHED

Unsigned Java Applet Window

12. Pre Procedure Checklist . . . Everyone has done an awesome job using this checklist. All staff of the various diagnostic and procedure suites have been very complimentary and are appreciative of your efforts. We wanted you to know that the checklist has been updated to make it a more complete worksheet. The revised version is on the web (<http://intranet.cc.nih.gov/nursing>). The changes include the following:

- ☐ **Bronchoscopy Suite (7W)** has been added to the list of service providers under "Location of Procedures"
- ☐ **Respiratory Rate (RR)** has been added under "Most Frequent Vital Signs"
- ☐ **"PFT results (if ordered)"** has been added under current lab results
- ☐ **"Pre-medication given, if ordered"** has been added to the Chart and Patient Prep List

13. New & Improved PCA Screens - The new ordering screens for Patient Controlled Analgesia (PCA) will be activated within the next few weeks (date to be announced). Once the screens have been activated, a handout describing the new pathways will be available from the "CC FORMULARY" button on the Clinical Desktop and on the Pharmacy Dept website at <http://internal.cc.nih.gov/formulary>. **Nurses need to know the following 3 points:**

- ☐ The **route** of opioid drug administration will be clearly identified on the label attached to the bag so you can readily identify the intended opioid route. In the example below, this is shown as "IV PCA." The other options are "SC PCA" and "EPI DURAL PCA."
- ☐ The entire medical order (basal rate, PCA and titration parameters, if ordered) will now be part of the medication order (see example below).

IV PCA. . . START, 5% DEXTROSE/WATER (D5/W), FINAL VOLUME 70ML. MORPHINE SULFATE (1MG/ML), 70MG, BASAL RATE: 5MG/HR, CONT TIL DC'D, START ON 04/03; BOLUS DOSE: 2 MG; BOLUS LOCKOUT: 20MINS; DOSE LIMIT: 3 BOLUSES/HR; MAY TITRATE BASAL RATE FROM MIN OF 2 MG/HR TO MAX OF 10 MG/HR; TOTAL HOURLY DOSE (BASAL & BOLUSES) NOT TO EXCEED 12 MG, <04/03/02-. >

- ☐ A new section on the Medical Care Plan, called "Infusion Pain Therapy" will be created. This new section will capture the PCA infusion orders (IV, SC, or Epidural) and the PCA monitoring orders. All other PCA-related orders (loading dose, clinician activated bolus) as well as other pain therapy medications (e.g. oral pain medications) will continue to print in their usual place in the Medical Care Plan, e.g. SCHEDULED and UNSCHEDULED Medication sections. **It remains important to review the ENTIRE Medical Care Plan for ALL pain management therapies.**